			ALTH OF MISSOI			1 7	63417
FILED MAR 4 19	350 STANDA	RD CERTIF	ICATE OF DEA	ATH	State Fi	le No	UUTE (
BIRTH NO	REG. DIST. N	o. 210	PRIMARY REG. DIST.	1010C	Negistra	r's No	_573
1. PLACE OF DEATH		U	2 USUAL RESIE	ENCE (W	pere decessed lived	. If institu	tion: residence befo
a. COUNTY	•.		a STATE Miss	souri	b. COUNT	ΓΥ	nd mission
b. CITY (if outside corporate limits, write RURAL and give OR TOWN Saint Louis township) STAY (in this place)			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis				
d. FULL NAME OF (If not in bospital or institution, give street address or location) HOSPITAL OR INSTITUTION 4108 N. Grand Blvd.			d. STREET (If regal, give location) ADDRESS 4108 N. Grand Blvd.				
NAME OF a. (First DECEASED		(Middle)	c. (Last)				(Day) (Year)
(Type or Print) Ira	H ₂	H _{ansel}		Hutchinson		DEATH Feb. 17th, 1950	
5. SEX 6. COLOR C	OR RACE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WILCOWED		8. DATE OF BIRTH July 10th	1876	9. AGE (In years) last birthday) 73	IF UNDER 1 Y	EAR IF UNDER 11 HES
Oa. USUAL OCCUPATION (Givek	ind of work 10b. KIND OF	BUSINESS OR IN-	11. BIRTHPLACE (State or foreign country)		12	. CITIZEN OF WHA	
done during most of working life, ever Coal Hiner	Peabody	Peabody Coal Co.		Indiana			USA
3a. FATHER'S NAME	· · · ·	OTHER'S MAIDEN		1 -	OF HUSBAND		_
Ira Hutchinson	<u> </u>	therine Wi			Louella 1		
5. WAS DECEASED EVER IN U.S	S. ARMED FORCES? 16., SO	NO.	17. INFORMANT				ADDRESS
Y Unknown (II Which	own Unic	novm	Geneva Mille	erman,	4108 N.		Blvd. INTERVAL BETWEE
Enter only one cause per ine for (a), (b), and (c) *This does not mean he mode of dying, such is heart fallure, asthenia, it. It means the disase, infury, or complication which caused death. DISEASE OR CONDITION II. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) MATTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					. <u>E</u> = ** *		
	AJOR FINDINGS OF OPERA		juneus	in			20. AUTOPSY7
						<u></u> <u></u>	YES NO
21a. ACCIDENT (Specify) SUICIDE HOMICIDE	21b. PLACE OF INJ home, farm, factory, a	URY (e.g., in or about treet, office bldg., etc.)	21c. (CITY, TOWN, OR	TOWNSHIP	(COU	NTY)	HOTAL
21d. TIME (Month) (Day) OF INJURY	(Year) (Hour) 21e, INJ WHILE AT WORK	URY OCCURRED NOT WHILE AT WORK	211. HOW DID INJURY	Y OCCURT		·	
22. I hereby certify that I a alive on	itended the deceased fro	m Jail at becurred at	2:12 am., from	L 17			saw the deceas above.
23a. SIGNATURE &	seuses pe	(Decise or title)	23b. ADDRESS 4/4/	NA	rud		23c. DAȚE SIGNEI
24a. BURIAL, CREMA- 24b. (710), REMOVAL (Specify) (20) (20)	DATE 24c. N		Y OR CREMATORY	~1.I	ION (City, town	-	
emoval-Notor 2	/17/50 Harl	co, Illino			Illinois		
DATE RECU BY LOCAL REGIS	STRAR'S SIGNATURE	ten	25. FUNERAL DIRECTOR				ness idge Blvd
	(Lie	nsed Embalmer's	statement on Reverse Si	de)			

STATEMENT BY LICENSED EMBALMER								
I hereby certify that the body whose name is recorded	on the reverse side of this certificate was embalmed by me, or by							
	Student Embalmer No.							
orking under my personal supervision.	1 Dames							
Student	Signed John A. Mlenac Licensed Embalmer No. 4 8 6							
	P. O. Address St Louis Mo							
Note: The above MUST BE SIGNED BY THE LI	CENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with							

the above constitutes grounds for revocation of license.) If this body is not embalmed, fact should be so stated above.